

# CHAPTER – V

## UTILIZATION OF PREVENTIVE AND CURATIVE HEALTH CARE SERVICES

This Chapter provides utilization of preventive and curative healthcare services. Preventive and curative health services are two stages of health services. Preventive stage aims to make a person free from disease whereas curative cure comes into existence when a person already suffers from a disease. It repairs the damages cost by the illness and restore health. This chapter attempts to analyse the extent of preventive and curative healthcare needs which are actually perceived by different economic classes.

### 5.1 a) Preventive Healthcare Services

Preventive healthcare implies measures taken to prevent diseases rather than cure or treat the symptoms of diseases. Preventive health services can broadly be categorized into three tiers, namely primary, secondary and tertiary prevention.

- a) **Primary prevention:** It avoids the development of disease. The most population based health promotion activities are generally included in primary preventive measures.

- b) **Secondary prevention:** It generally aims at detection of diseases at early stage. There by increasing opportunities for intervention to prevent the progress of disease.
- c) **Tertiary prevention:** It generally reduces the negative impact of an already established disease.

Preventive Health Service is one of the important aspects of health services but in reality it is mostly ignored. It generally includes routine health checkup, unusual visit to doctors. In India only a small number of populations go for preventive health services. In this chapter the study of preventive health services will be restricted only to health checkup and immunization against communicable disease.

The main purpose of health checkup is to detect disease earlier so that disease can be prevented and can prevent the need for curative health services. It generally includes various tests like blood test, and stool test, urine test, chest X ray etc. Generally this service is under-utilized in rural Tripura. The people from only high and middle classes go for health checkup. The people of low economic classes are not aware of this service because of their poor educational status. Even though few people from this economic class are aware of it but because of poor resources they could not afford or think to visit a doctor without any prominent symptoms of disease.

**Table 5.1: Economic Class Wise Households go for Health Checkup**

Economic class	Go for Health Checkup	Did not Go for Health Checkup	Total
High income Group	15(17%)	75(83%)	90
Middle income group	18(13%)	116(87%)	134
Low income group	7(9%)	69(91%)	76
Total	34(11%)	266(89%)	300

*Source: Field survey*

Table 5.1 reveals that only 11 percent of the respondents go for health checkup. Income group wise 17 percent of the high income group, 13 percent of the middle income group and only 9 percent of the lower income groups and out of 300 households 266 that is 89 percent do not gone for health checkup in case of preventive healthcare services.

## **5.2 Immunizations against Communicable Disease**

Immunizations against communicable diseases are very important as these are very rampant in Tripura. The low economic classes are often exposing to unhealthy environment and most pitiable fact is that they were not aware of the existence of immunization method and this hampers their utilization of these methods against communicable diseases. So it would be interesting to analyze the knowledge of immunization method, utilization of this methods and causes for non-utilization. In following table, sample study was made to find out the actual scenario.

**Table 5.2: Awareness Level of the Respondents of Different Economic Classes regarding Vaccination and Inoculations**

Economic Class	Awareness level			Total
	High	Average	Low	
High	34(38%)	45(50%)	11(12%)	90
Middle	62(46%)	39(29%)	33(25%)	134
Low	7(9%)	12(16%)	57(75%)	76
	103(34%)	(32%)	(34%)	300

*Source: Field Survey*

Here each respondent were asked about their awareness on vaccinations and inoculations of five communicable diseases namely small pox, malaria, TB, polio, and Typhoid. Based on the collected data it can be said that high (38 per cent) and middle class (46 per cent) people had better knowledge of immunization methods than that of lower economic (9 per cent) group. The major factor which has mainly influenced knowledge of health services is the educational status of the respondents. It has already been found that there is a wide gap in the educational status of different economic classes. The poor knowledge of rural low class respondents restricts their utilization of these immunization methods which are mostly available freely.

Respondents have also been asked about the importance, need and benefits of these preventive cares and their response to this question are shown to in the bellow enlisted tables.

**Table 5.3: Satisfaction level of Preventive Healthcare Service**

Preventive care	Satisfaction level			Total
	Good	Average	Poor	
Health Checkup	53(18%)	163(54%)	84(28%)	300
Immunization against communicable diseases	78(26%)	124(41%)	98(33%)	300

*Source: Field Survey*

Table 5.3 shows that different preventive health care services and opinion or respondents regarding the services. It is observed that in case of health checkup and Immunization against communicable diseases services, 54 per cent and 41 per cent respectively of the respondents said that their level of satisfaction on the services are of average; while only 18 per cent and 26 per cent number of respondents said that both the services offered by the health centers are good. However, 28 per cent and 33 per cent of the respondents said that health checkup and immunizations against communicable diseases are poor.

**Table 5.4: Quality of Preventive Healthcare Services Received as Per Income Group**

Annual Income group	Opinion rating			Total
	Good	Average	Poor	
Above 1 lakh	15(17%)	49(54%)	26(29%)	90
25001 - 99999	30(22%)	69(52%)	35(26%)	134
Upto 25000	19(25%)	23(30%)	34(45%)	76
Total	64(21%)	141(47%)	95(32%)	300

*Source: Field Survey*

Table 5.4 reveals that the income group wise opinion of the number of respondents on different preventive health care services. It is found that 47 percent of the respondents belonging to three categories of income group

have opined that services received by them in respect of preventive healthcare is of average quality; while 21 per cent of the respondents irrespective of their income group have rated the quality of preventive healthcare services received by them as good. 32 per cent of the respondents households have expressed their view that preventive healthcare services, which exists in rural Tripura is of poor quality.

### **5.3 Curative Health Services**

Curatives health services deals with all sorts of health services needed for different types of illness. In rural Tripura, health service system is more oriented to provide curative health services and thus a good proposition of health resources is utilized on curative health services. The rural community perceives the importance of curative health care much better than that of preventive healthcare. But this perception changes with the change in nature of illness among the respondents from different categories.

Utilization of health services is studied by classifying it into utilization of health services for a) communicable disease b) Chronic disease. To find out a clear picture of the utilization of the curative health services, different types of diseases suffered by different economic class members in each brought category of illness need to be find out. Type of health center sought, number of days stayed in hospital and health services received their form need to be analyzed to get a wholesome picture of the utilization pattern of different economic classes.

Before analyzing utilization of curative health services in rural Tripura it is desirable to find out the depth of knowledge of the respondents regarding illness. Respondents have been provided with the list of 6 diseases. Only a few are found to be well acquainted with the knowledge about the diseases and rests are quite ignorant. The actual scenario can be understood from the following table no 4.8.

**Table 5.5: Rural Economic Class and their Knowledge of Diseases**

Economic Class	Knowledge of opinion rating			Total
	High	Average	Low	
High	15(35%)	59(38%)	16(15%)	90
Middle	21(49%)	76(50%)	37(36%)	134
Low	7(16%)	19(12%)	50(49%)	76
Total	43(14%)	154(51%)	103(35%)	300

*Source: Field Survey*

The root cause of this gap of knowledge can be attributed to lower educational level and nature of economic class. Further they are not aware of various medical facilities most of the facilities have not yet been reached at rural areas. Moreover due to improper education they are not well aquatinted with the diseases thus ignorant about the proper healthcare need to be observed to this purpose.

#### **5.4 Knowledge of the Causes of the Diseases**

Respondents have been asked about their opinion regarding cause of disease. It is found that most of them believe that root cause of disease is unhealthy environment. Some of them consider poverty, germs as the cause of the disease. In rural Tripura still communicable diseases are prevalent in epidemic form. Thus good amount of health resources generally utilized for curing this diseases.

**Table 5.6: Economic Class and General Cause of Disease**

Economic Class	Germs	Poverty	Unhealthy Environment	Others	Total
High	3	6	28	53	90
Middle	9	6	54	65	134
Low	15	14	33	14	76
Total	27	26	115	132	300

Source: Field Survey

Form the table above it reveals that most of the respondents from all economic classes considered unhealthy environment as the root cause of disease followed by germs and poverty.

**Economic Characteristic:** For this study three types of economic classes of people have been chosen on the basic of their education, occupation and their economic status. These factors are being considered as exerting much influence on knowledge of illness, standard of leaving and health status of a person. These factors also determine one's position in household enabling him to utilize the health services. In the following tables, effort is made to visualize the same.

**Table 5.7: Social Class and Socio Economic Characteristic**

Economic characteristic	High economic class	Middle economic class	Low economic class	Total
Illiterate	0	2(1%)	4(5%)	6
Literate	7(8%)	14(10%)	45(59%)	66
Primary education	25(28%)	84(63%)	23(31%)	132
Collage and above	58(64%)	34((26%)	4(5%)	96
Total	90	134	76	300

Source: field survey



From the above table no 5.7, it reveals that people from higher economic classes have much higher education than that of other economic classes while 63 per cent of the respondents from middle economic classes in these sample villages have access to only primary education. While the low economic classes in terms of education 5 per cent are illiterate and they are comparatively at disadvantageous position.

**Housing Facilities:** Poor housing facility is one of the causes that spread communicable diseases. Congestion, lack of ventilation and lack of basic amenities causes spreading of communicable diseases. Thus sample respondents have been enquired about their housing facilities and the outcome is depicted in the following table.

**Table 5.8: Housing Facilities and Outcomes of Different Economic Classes**

Housing facilities	High economic class	Middle economic class	Low economic class	Total
Pucca structure	77(86%)	52(39%)	3(4%)	132
Kucha structure	2(2%)	14(10%)	41(54%)	57
Mixture of pucca and kucha structure	11(12%)	68(51%)	32(42%)	111
Total	90	134	76	300

*Source: Field survey*

In rural Tripura, table 5.8 reveals that 86 per cent respondents of high economic class, 39 per cent respondents of middle economic class and only 4 per cent respondents from lower economic class are using Pucca structure. Whereas 2 per cent respondents from high economic class, 10 per cent

respondents of middle economic class and 54 per cent respondents of lower economic class uses kuccha structure of housing facilities respectively.

### 5.5 Types of Health Center

After discussing about the kind of medical system sought by different economic classes of people in rural Tripura it is desirable know about the health centers used to be chosen by them. The health centers are basically divided into two categories. a) Public health centers b) Private health centers. From field study it is revealed that as the public health centers provide free health services to the people, the respondents from lower economic classes always go to public health centers for their treatment while the higher and middle economic classes generally prefer private health institutes. Below table will describe this.

**Table 5.9: Health Services Received by the Respondents from Different Health Institutions / Personnel**

Economic class	Government hospital	Private clinic	Quacks	Total
High	30(33%)	58(65%)	2(2%)	90
Middle	55(41%)	67(50%)	12(9%)	134
Low	56(74%)	2(2%)	18(24%)	76
Total	141(47%)	127(42%)	32(11%)	300

*Source: Field survey*

The respondents have been interviewed to share their opinion about the health services received by them from their opted health institutions. Naturally, the people who utilize private health centers have no complain but the people who chosen public health centers complained about certain

things like dirtiness', poor diet, lack of proper care, poor diagnosis, non-availability of medicines and so on.

To summaries the finding of the data regarding the utilization of health services for communicable diseases, it is found that the rural people are always at disadvantageous position and the situation of tower economic classes is more pitiable. Thus the rural people are the general victim of communicable disease. Thus their health need is higher than that of urban people.

**Chronic diseases:** Chronic diseases are generally includes diseases like cancer, heart diseases etc. which need more intensive care and longer treatment. Patient often need to go to specialist for receiving services.

**Table 5.10: Type of diseases**

Types of Disease	Economic class			Total
	High	Middle	Low	
Chronic disease				
Diabetes	19	17	1	37
Heart disease	14	12	2	28
High blood pressure	24	27	6	57
Cancer	1	3	2	6
Mental illness	2	5	2	9
Asthma	6	11	16	33
Other	24	59	47	130
Total	90	134	76	300

*Source: Field survey*

Living conditions of people is one the causes of chronic diseases. There is a relationship between the life styles of the people and diseases like diabetes, asthma, heart diseases, high blood pressure, etc. By changes the life style, the severity of the diseases can be controlled.

**Period of Illness:** Chronic diseases are the long term illness and needs to be treated for a long time. Sometimes it may be considered as a burden on the household and thereby medical care is often neglected or stopped abruptly. Thus the respondents of lower economic classes, suffering from chronic diseases are likely to abandon the medical care which further lengthens their sufferings.

**Table 5.11: Types of Health Services Sought by the Chronic Disease in Different Economic Classes**

Different economic class	Allopathic	Homeopathic and Ayurvedic	Quacks	Total
High	79(88%)	11(12%)	-	90
Middle	91(68%)	32(24%)	11(8%)	134
Low	35(46%)	18(24%)	23(30%)	76
Total	205((69%)	61(20%)	34(11%)	300

*Source: Field Survey*

**Kind of treatment:** As people often get disillusioned with the less result oriented treatment of chronic diseases they gradually shift from one system of medicine to another. Usually they start with allopathic medicine, but when a fruitful result does not come out of this they shift to another system of medicine. Respondent as interrogated have replied that to meet with

these types of diseases they prefer to take home medicine, homeopathic and ayurvedic treatment and sometimes they visit quacks also.

**Table 5.12: Types of Health Centre Used by Chronic Diseases in Different Economic Classes**

Economic class	Government hospital	Private clinic	Quacks	Total
High	11(12%)	79(88%)	-	90
Middle	42(31%)	81(61%)	11(8%)	134
Low	49(65%)	4(5%)	23(30%)	76
Total	102(34%)	164(55%)	34(11%)	300

*Source: Field Survey*

Table 5.12 reveals that in chronic diseases require intensive long term treatment, it would be expensive for the people to go for private health services. In the sample villages, there has been no private hospital thus the people of these areas are bound to knock the door of public hospital for treatment. Though, 88 per cent respondents from higher economic classes who did not prefer over crowded condition, lack of personal care, and are financially sound can manage to go for treatment in private hospitals though far from this place.

The sample respondents have expressed their health services received from public hospital. Most of the respondents show their dissatisfaction with the service received from government hospital on the point that low quality of treatment non availability of modern equipment etc.

From the field study it has been found that preventive health care services are not fully utilized by the sample households. Though the perception of need for health checkup services are recognized by all groups of respondents but the data shows that communicable diseases are more prevalent among the young and the poor. While chronic diseases are found to be prevalent among economic classes of people.